



**DORAL B1G1F**

**RETAIL ORDER**

DATE \_\_\_\_\_ JOBBER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_ BRANCH LOCATION \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ ACCOUNT ID # \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**DELIVERY DATE: NOVEMBER 25, 1996**

**PLEASE ENSURE DELIVERY OF THE FOLLOWING QUANTITY OF CIGARETTES TO MY STORE:**

<b><u># OF CARTONS</u></b>	<b><u>DORAL BRAND NAME</u></b>	<b><u>Warehouse Item No.</u></b>
_____	FULL FLAVOR KING	_____
_____	FULL FLAVOR 100	_____
_____	LIGHT KING	_____
_____	LIGHT 100	_____

=====

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**PURCHASER**

\_\_\_\_\_  
**RJR REPRESENTATIVE**

51862 2086